

**ARIZONA FORM**  
**821**

STATE OF ARIZONA • DEPARTMENT OF REVENUE  
**Withholding Tax Information Authorization**

**1. Taxpayer Information:** *Taxpayer must sign and date this form on line 5.*

Taxpayer Name	Daytime Telephone Number	Employer Identification Number (EIN)
Address (Number and street or PO Box)		Social Security Number
City	State      Zip Code	

**2. Appointee Information**

Name	Identification Number
Address (Number and street or PO Box)	Telephone Number
City	State      Zip Code      Fax Number

**3. Authorization**

The appointee is authorized to inspect and/or receive confidential Arizona withholding tax information for the following tax year(s) or period(s):

**4. Retention/Revocation of Withholding Tax Information Authorization**

This withholding tax information automatically revokes all earlier tax information authorizations on file with the Arizona Department of Revenue for the same years or periods covered by this document. If you do not want to revoke a prior tax information authorization, check this box..... ☐

*You must attach a copy of any tax information authorization you want to remain in effect.*

**5. Signature of or for Taxpayer**

I hereby certify that the Director of the Arizona Department of Revenue, is authorized to release any and all Arizona withholding tax information in department files concerning the undersigned taxpayer and relieve said Director, or department representative, of any liability whatsoever for releasing such withholding tax information to the appointee specified by this withholding tax information authorization. If signed by a corporate officer or partner, I certify that I have the authority to execute this withholding tax information authorization on behalf of the taxpayer(s).

**If this withholding tax information authorization is not signed, it will be returned.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date